DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: VOSKUIL ADULT FAMILY HOME (0009865)

Address: 337 BRADLEY AVE, DELAVAN, WI 53115

License Status: REGULAR

Licensed/Certified/Registered 02/24/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097306 End Date: 06/28/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011874 Served 07/12/2006

Deficiencies Cited Subject Area Subject Area Verified

88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT

88.07(3)(d) MEDICATION- WRITTEN ORDER

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